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ABSTRACT

Although interest has increased in applying cognitive behavior therapies to conjoint treatment of marital problems, the role of cognitive processes in marital maladjustment and in couples' orientations toward marital therapy has not been sufficiently investigated. The association between couples' levels of marital distress and their goals for therapy were compared to the degree to which they held irrational beliefs about themselves. Married couples (N=47) receiving relationship therapy completed self-report scales assessing irrational beliefs, marital adjustment and therapy goals. Some subscales of the irrational beliefs (demand for approval, high self-expectations, blame-proneness, and problem avoidance) measure had significant negative correlations with marital satisfaction, desire to maintain the marriage, and preference for conjoint marital therapy over individual therapy. Other subscales had either nonsignificant or positive correlations with those indices of marital functioning. Although causal inferences cannot be drawn from the correlations between irrational beliefs and indices of marital functioning and therapy goals, results indicate that an understanding of a client's experience of marriage is facilitated by assessing relevant beliefs. (Author/NRB)

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Irrational Beliefs and Marital Adjustment

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Irrational Beliefs and Marital Adjustment

Increased interest in applying cognitive behavior therapies in the conjoint treatment of marital problems (e.g., Ellis & Harper, 1975; Jacobson & Margolin, 1979; O'Leary & Turkewitz, 1978) has been based on theory and clinical experience, but research investigating the role of cognitive processes in marital maladjustment and in couples' orientations toward marital therapy has been quite sparse. The purpose of the present study was to test the hypothesis that when a couple is treated for marital problems the spouses' degrees of distress and their goals for therapy will be associated with their tendencies to hold irrational beliefs about themselves and interpersonal relationships.

Irrational beliefs identified by Ellis (e.g., receiving approval from everyone is necessary for one's happiness, one should be thoroughly competent in all one's endeavors, one cannot tolerate it if life does not go as one wishes) are expected to contribute to marital distress by creating expectations for a trouble-free relationship and difficulty in tolerating the conflicts inevitable in day-to-day marital life. The individual who evaluates his or her marriage in terms of such irrational standards is likely to be disappointed, frustrated and dissatisfied. Even if the presence of marital conflict increases spouses' adherence to irrational beliefs (i.e., if the direction of causation is reversed), any association between irrational thinking and marital distress would suggest that such cognitive factors will be among the important foci for therapy. Jacobson and Margolin (1979) stress that couples are unlikely to have a positive collaborative orientation toward marital therapy when they have unrealistic expectations about their relationships. A marital therapist faced

WITH CLIENTS WHO ARE NOT INVESTED IN MAINTAINING AND IMPROVING THEIR RELATIONSHIP THROUGH A PROCESS OF MUTUAL EFFORT MAY APPLY MARITAL THERAPY SKILLS QUITE COMPETENTLY BUT INDUCE LITTLE POSITIVE CHANGE ON THE PART OF THE CLIENTS.

ONE PREVIOUS STUDY (EISENBERG & ZINGLE, 1975) WAS DESIGNED TO TEST THE ASSOCIATION BETWEEN IRRATIONAL BELIEFS AND MARITAL MALADJUSTMENT, BUT SERIOUS METHODOLOGICAL LIMITATIONS MAKE THE RESULTS DIFFICULT TO INTERPRET. THE AUTHORS CONCLUDED THAT THEY HAD DEMONSTRATED AN ASSOCIATION BETWEEN THE TWO CONSTRUCTS DESPITE A ZERO CORRELATION BETWEEN THEIR MEASURES OF THESE CONSTRUCTS. SECOND, THERE WAS SIGNIFICANT CONFOUNDING OF THE RESULTS BY THE VARIABLE OF SUBJECT AGE. THIRD, USE OF A TOTAL IRRATIONALITY SCALE SCORE RATHER THAN SEPARATE SUBSCALES MEASURING THE VARIOUS IRRATIONAL BELIEFS POSTULATED BY ELLIS MIGHT HAVE MASKED A PATTERN OF SIGNIFICANT AND NONSIGNIFICANT OR POSITIVE AND NEGATIVE SUBSCALE CORRELATIONS WITH MARITAL ADJUSTMENT. CONSEQUENTLY, FURTHER RESEARCH ON IRRATIONAL BELIEFS AND MARITAL ADJUSTMENT IS NEEDED.

IN THE PRESENT STUDY, IT WAS EXPECTED THAT IRRATIONAL BELIEFS ARE NOT ALL EQUIVALENT AND THAT ONLY SOME WOULD BE NEGATIVELY ASSOCIATED WITH MARITAL ADJUSTMENT, RESULTING IN A WEAK OVERALL CORRELATION OF TOTAL IRRATIONALITY AND MARITAL ADJUSTMENT. THE IRRATIONAL BELIEFS POSTULATED BY ELLIS (1962) THAT WERE HYPOTHESIZED TO BE NEGATIVELY ASSOCIATED WITH MARITAL ADJUSTMENT WERE DEMAND FOR APPROVAL, HIGH SELF-EXPECTATIONS, FRUSTRATION REACTIVITY, BLAME PRONENESS, ANXIOUS OVERCONCERN, PROBLEM AVOIDANCE, AND HELPLESSNESS. IT WAS EXPECTED THAT PEOPLE HOLDING ANY OF THESE BELIEFS WOULD HAVE DIFFICULTY TOLERATING MARITAL CONFLICT AND WOULD BE MORE LIKELY TO ASSESS THEIR RELATIONSHIPS AS UNSATISFACTORY. DEMAND FOR APPROVAL MAY BE ASSOCIATED WITH SENSITIVITY

TO DISAGREEMENT OR CRITICISM BY ONE'S PARTNER, HIGH SELF-EXPECTATIONS MAY LEAD ONE TO INTERPRET MARITAL PROBLEMS AS A PERSONAL FAILURE, FRUSTRATION REACTIVITY MAY MAKE IT DIFFICULT FOR SPOUSES TO TOLERATE DISCREPANCIES BETWEEN REALITIES OF THEIR RELATIONSHIP AND THE CONDITIONS THEY WOULD PREFER, AND BLAME PRONENESS MAY BE ASSOCIATED WITH ESCALATION OF CONFLICT OVER WHO IS RIGHT OR WRONG. SIMILARLY, ANXIOUS OVERCONCERN MAY LEAD SPOUSES TO EXAGGERATE THE NEGATIVE IMPLICATIONS OF DAY-TO-DAY CONFLICT, PROBLEM AVOIDANCE MAY BE INVOLVED IN PERCEPTIONS THAT ONE'S DISTRESSED MARRIAGE IS AN AVERSIVE SITUATION THAT SHOULD BE ESCAPED, AND HELPLESSNESS (THE BELIEF THAT PEOPLE AND SITUATIONS ARE UNLIKELY TO CHANGE) MAY BE INVOLVED IN PESSIMISM ABOUT POTENTIAL FOR A SATISFYING RELATIONSHIP.

ON THE OTHER HAND, INDIVIDUALS WHO TEND TOWARD IRRATIONAL DEPENDENCE ON OTHERS AND TOWARD PERFECTIONISM WERE EXPECTED TO ASSESS THEIR MARRIAGES AS FAIRLY SATISFACTORY (I.E., THEY WANT TO SEE THEIR RELATIONSHIPS AS WORKING WELL) DESPITE THE FACT THAT THEY WERE RECEIVING THERAPY FOR RELATIONSHIP ISSUES.

AS NOTED ABOVE, IRRATIONALITY MAY BE ASSOCIATED NOT ONLY WITH LEVEL OF MARITAL SATISFACTION BUT ALSO WITH A CLIENT'S GOALS FOR TREATMENT OF RELATIONSHIP PROBLEMS. IN THE PRESENT STUDY, IT WAS HYPOTHESIZED THAT THE IRRATIONAL BELIEFS NEGATIVELY ASSOCIATED WITH MARITAL SATISFACTION ALSO WOULD BE NEGATIVELY ASSOCIATED WITH SPOUSES' PREFERENCE FOR MAINTAINING THE RELATIONSHIP (VERSUS ENDING IT) AND THEIR PREFERENCE FOR CONJOINT MARITAL THERAPY VERSUS INDIVIDUAL THERAPY. IT WAS EXPECTED THAT THE IRRATIONAL BELIEFS THAT MAKE MARITAL CONFLICT DIFFICULT TO TOLERATE WOULD BE ASSOCIATED WITH LOWER PREFERENCE FOR CONJOINT TREATMENT WHERE SUCH CONFLICT COMMONLY IS CONFRONTED DIRECTLY.

THE HYPOTHESES OF THE STUDY WERE TESTED BY HAVING A SAMPLE OF MARITAL THERAPY COUPLES COMPLETE A MEASURE OF IRRATIONAL BELIEFS, A MEASURE OF MARITAL SATISFACTION, AND A QUESTIONNAIRE ASSESSING THEIR GOALS FOR THERAPY.

METHOD

SUBJECTS

FORTY-SEVEN HETEROSEXUAL COUPLES WHO WERE RECEIVING OUTPATIENT MARITAL THERAPY AT THE MARRIAGE COUNCIL OF PHILADELPHIA SERVED AS SUBJECTS FOR THE STUDY. THE CLIENT POPULATION AT THE CLINIC IS PREDOMINANTLY MIDDLE CLASS. THE MEAN AGE OF THE SAMPLE WAS 32.6 YEARS, WITH A RANGE FROM 20 TO 63 YEARS. THE COUPLES HAD BEEN MARRIED AN AVERAGE OF 7.3 YEARS (RANGE FROM ONE TO 38) AND HAD AN AVERAGE OF 0.9 CHILDREN (RANGE FROM 0 TO 5). THEIR MEAN SCORE OF 86.2 (RANGE FROM 48 TO 120) ON THE LOCKE-WALLACE MARITAL ADJUSTMENT SCALE (LOCKE & WALLACE, 1959) PLUS THEIR PARTICIPATION IN THERAPY IDENTIFIES THEM AS A MARITALLY-DISTRESSED SAMPLE.

MATERIALS AND PROCEDURE

EACH PARTICIPANT WAS GIVEN A RESEARCH PACKET OF QUESTIONNAIRES. SPOUSES COMPLETED THESE MATERIALS AT HOME INDEPENDENTLY. PARTICIPATION WAS STRICTLY VOLUNTARY, AND ALL COMPLETED PACKETS WERE NUMERICALLY CODED TO INSURE CONFIDENTIALITY. INCLUDED IN THE PACKET WERE THE FOLLOWING: THE IRRATIONAL BELIEFS TEST (IBT) DEVELOPED BY JONES (1968), THE LOCKE-WALLACE MARITAL ADJUSTMENT SCALE (MAS), AND A THERAPY GOALS QUESTIONNAIRE. THE THERAPY GOALS QUESTIONNAIRE WAS DEVELOPED FOR THE PRESENT STUDY BY THE AUTHORS.

IRRATIONAL BELIEFS TEST. JONES' (1968) IBT MEASURES THE RESPONDENT'S

ADHERENCE TO TEN OF ELLIS' (1962) CORE IRRATIONAL BELIEFS: DEMAND FOR APPROVAL, HIGH SELF-EXPECTATIONS, BLAME PRONENESS, FRUSTRATION REACTIVITY, EMOTIONAL IRRESPONSIBILITY, ANXIOUS OVERCONCERN, PROBLEM AVOIDANCE, DEPENDENCY, HELPLESSNESS, AND PERFECTION. SCORES ON THE SCALES HAVE BEEN DEMONSTRATED TO BE CORRELATED WITH INDICES OF MALADJUSTMENT SUCH AS DEPRESSION (LAPOINTE & CRANDELL, 1980; NELSON, 1977).

LOCKE-WALLACE MARITAL ADJUSTMENT SCALE. THIS INVENTORY IS THE MOST COMMONLY USED RESEARCH MEASURE OF OVERALL MARITAL SATISFACTION. IT CONSISTENTLY DIFFERENTIATES DISTRESSED FROM NONDISTRESSED COUPLES. HIGHER SCORES INDICATE BETTER ADJUSTMENT.

THERAPY GOALS QUESTIONNAIRE. THIS INSTRUMENT CONSISTS OF 15 STATEMENTS DESCRIBING GOALS A CLIENT MAY HAVE UPON ENTERING THEAPY. THE RESPONDENT RATES EACH GOAL ON A 4-POINT SCALE RANGING FROM "DESCRIBES ME VERY WELL" (4) TO "DOES NOT DESCRIBE ME" (1). FOR THE PURPOSE OF THIS STUDY, RESPONSES TO FOUR OF THE GOAL STATEMENTS WERE EXAMINED. THE DIFFERENCE BETWEEN THE CLIENT'S RATINGS OF THE ITEMS "I WANT TREATMENT FOR MYSELF AND MY PARTNER TOGETHER" AND "I WANT INDIVIDUAL TREATMENT FOR MYSELF" CONSTITUTED AN INDEX OF PREFERENCE FOR CONJOINT VERSUS INDIVIDUAL THERAPY. A HIGHER SCORE ON THIS "THERAPY MODE" INDEX INDICATES A STRONGER PREFERENCE FOR CONJOINT MARITAL THERAPY. THE DIFFERENCE BETWEEN THE CLIENT'S RATINGS OF THE ITEMS "I WANT TO WORK ON IMPROVING MY RELATIONSHIP WITH MY PARTNER" AND "I WANT TO WORK ON ENDING OUR RELATIONSHIP AS PLEASANTLY AS POSSIBLE" CONSTITUTED AN INDEX OF DESIRE TO MAINTAIN THE MARRIAGE. A HIGHER SCORE ON THIS "RELATIONSHIP GOAL" INDEX INDICATES A STRONGER PREFERENCE FOR MAINTAINING RATHER THAN TERMINATING THE RELATIONSHIP.

RESULTS

It was expected that spouses' irrational beliefs would not be strongly correlated. Although these beliefs may be influenced in part by experiences in the current relationship, they are likely to be multiply-determined by a variety of past and present experiences unshared by the spouses. The correlations between spouses' scores on each of the ten IBT scales and the total IBT were calculated with $n = 47$ couples, and only one (Anxious Overconcern) was significant ($r = .33$, $p < .05$). Given this overall independence of self and partner belief scores, the data from all 94 individual subjects were used in the analyses that follow.

Correlations of the IBT total score and the ten subscale scores with the Locke-Wallace scale, the Therapy Mode index and the Relationship Goal index were computed. Given the confounding by age in the Eisenberg and Zingle (1975) study, these also were computed as partial correlations, controlling for subjects' ages. The results for the partial correlations were the same as those for the simple correlations. Consequently, only the simple correlations are reported in this paper, and these are presented in Table 1.

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Insert Table 1 about here

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As hypothesized, there were significant negative correlations between subjects' reports of their marital satisfaction and each of the IBT scales assessing demand for approval, high self-expectations, blame proneness, problem avoidance, and helplessness. In addition, there was a significant

NEGATIVE CORRELATION BETWEEN LOCKE-WALLACE SCALE SCORES AND THE TOTAL IBT. THERE WAS A TREND ($p < .10$) TOWARD A NEGATIVE CORRELATION BETWEEN THE LOCKE-WALLACE AND THE IBT SCALE ASSESSING FRUSTRATION REACTIVITY. THE EXPECTED NEGATIVE CORRELATION OF THE LOCKE-WALLACE AND THE IBT SCALE ASSESSING ANXIOUS OVERCONCERN WAS NOT FOUND. THE PREDICTION OF A SIGNIFICANT POSITIVE CORRELATION BETWEEN THE LOCKE-WALLACE AND THE IBT PERFECTIONISM SCALE WAS ALSO SUPPORTED, BUT THE CORRELATION BETWEEN THE LOCKE-WALLACE AND THE IBT DEPENDENCY SCALE WAS NOT SIGNIFICANT. NO PREDICTION HAD BEEN MADE FOR THE EMOTIONAL IRRESPONSIBILITY SCALE, AND ITS CORRELATION WITH THE LOCKE-WALLACE SCALE WAS NOT SIGNIFICANT.

THUS, THERE WAS MODERATE SUPPORT FOR THE HYPOTHESIS REGARDING THE ASSOCIATIONS OF THE VARIOUS IBT SCALES AND THE INDEX OF MARITAL SATISFACTION.

AS HYPOTHESIZED, THE DEMAND FOR APPROVAL, HIGH SELF-EXPECTATIONS, BLAME PRONENESS, AND PROBLEM AVOIDANCE SCALES WERE SIGNIFICANTLY NEGATIVELY CORRELATED WITH PREFERENCE FOR CONJOINT MARITAL VERSUS INDIVIDUAL THERAPY, AS WAS THE TOTAL IBT. NONE OF THE OTHER IBT SCALES WERE SIGNIFICANT PREDICTORS OF THERAPY MODE PREFERENCE. ONLY THE HIGH SELF-EXPECTATIONS AND HELPLESSNESS SCALES HAD SIGNIFICANT NEGATIVE CORRELATIONS WITH PREFERENCE FOR MAINTAINING VERSUS TERMINATING THE MARRIAGE.

DISCUSSION

THE RESULTS OF THIS STUDY PROVIDE MODERATE SUPPORT FOR THE EXPECTATION THAT DEGREE OF ADHERENCE TO IRRATIONAL BELIEFS IS ASSOCIATED WITH CLINICAL COUPLES' DEGREE OF MARITAL DISTRESS AND THEIR GOALS FOR THERAPY. ALTHOUGH ALL THE COUPLES IN THE SAMPLE HAD ENTERED MARITAL THERAPY FOR RELATIONSHIP PROBLEMS, THEY VARIED CONSIDERABLY IN THEIR LEVEL OF DISTRESS AND THEIR THERAPY

GOALS. THESE CHARACTERISTICS COULD BE PREDICTED SIGNIFICANTLY FROM KNOWLEDGE OF SOME OF THEIR IRRATIONAL BELIEFS. BELIEFS THAT SEEM LIKELY TO MAKE MARITAL CONFLICT LESS TOLERABLE (E.G., DEMAND FOR APPROVAL, BLAME PRONENESS) WERE ASSOCIATED WITH LOW MARITAL SATISFACTION, WHILE PERFECTIONISM WAS ASSOCIATED WITH REPORTS OF HIGHER SATISFACTION. SOME OF THE SAME BELIEFS THAT MAY MAKE CONFLICT DIFFICULT TO TOLERATE WERE ASSOCIATED WITH A PREFERENCE FOR INDIVIDUAL THERAPY RATHER THAN CONJOINT TREATMENT WHERE CONFLICT FREQUENTLY IS EXPRESSED DIRECTLY.

STATING A GOAL OF ENDING ONE'S MARRIAGE MAY BE CONSIDERED AN INDEX OF MORE SEVERE MARITAL DYSFUNCTION THAN RATING ONE'S MARITAL SATISFACTION LOW ON THE LOCKE-WALLACE SCALE, SO IT IS NOT SURPRISING THAT THE FORMER MEASURE WAS NOT PREDICTED AS CONSISTENTLY BY IRRATIONAL BELIEFS. THE TWO SIGNIFICANT PREDICTORS SUGGEST THAT A GOAL OF TERMINATING THE RELATIONSHIP TENDS TO BE ASSOCIATED WITH HIGH SELF-EXPECTATIONS AND LOW HOPE FOR THOSE EXPECTATIONS TO BE MET. A PERSON WITH SUCH AN ORIENTATION MIGHT BE MORE LIKELY TO GIVE UP ON A DIFFICULT TASK SUCH AS SALVAGING A DYSFUNCTIONAL RELATIONSHIP.

ALTHOUGH CAUSAL INFERENCES CANNOT BE DRAWN FROM THE CORRELATIONS BETWEEN IRRATIONAL BELIEFS AND INDICES OF MARITAL FUNCTIONING AND THERAPY GOALS, THE RESULTS OF THIS STUDY INDICATE THAT AN UNDERSTANDING OF A CLIENT'S EXPERIENCE OF HIS OR HER MARRIAGE WILL BE FACILITATED BY ASSESSING RELEVANT BELIEFS. IN FACT, IT MAY BE IMPORTANT TO ASSESS NOT ONLY THE IRRATIONAL BELIEFS DESCRIBED BY ELLIS BUT ALSO THE POTENTIALLY IRRATIONAL EXPECTATIONS OF INTIMATE RELATIONSHIPS NOTED BY MARITAL THERAPISTS; FOR EXAMPLE, DIFFERENCES AND DISAGREEMENTS BETWEEN SPOUSES REFLECT A LACK OF LOVE (SATIR, 1967) AND SPOUSES SHOULD BE ABLE TO READ EACH OTHER'S MIND (LEDERER & JACKSON, 1968).

ANOTHER IMPORTANT QUESTION FOR FUTURE RESEARCH IS WHETHER PARTICULAR IRRATIONAL BELIEFS ARE ASSOCIATED WITH PATTERNS OF VERBAL APPROACH AND AVOIDANCE IDENTIFIED IN MARITAL PARTNERS' CONFLICT RESOLUTION INTERACTIONS BY RESEARCHERS SUCH AS RAUSH, BARRY, HERTEL AND SWAIN (1974). AVOIDANCE MIGHT BE ASSOCIATED MORE WITH COGNITIONS INVOLVING NEGATIVE CONSEQUENCES OF CONFRONTING PROBLEMS OR INVOLVING EXTERNALIZATION OF PROBLEMS, WHILE APPROACH MIGHT BE ASSOCIATED MORE WITH COGNITIONS THAT FOCUS ON INDIVIDUAL RESPONSIBILITY AND HIGH EXPECTATIONS FOR SATISFACTION.

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TABLE 1

CORRELATIONS OF IRRATIONAL BELIEF SCALES WITH MARITAL SATISFACTION, THERAPY MODE PREFERENCE AND DESIRE TO MAINTAIN THE RELATIONSHIP

(n = 94)

IRRATIONAL BELIEF SCALE	MAS	THERAPY MODE	RELATIONSHIP GOAL
1. DEMAND FOR APPROVAL	-.24*	-.41**	-.06
2. HIGH SELF-EXPECTATIONS	-.27**	-.24*	-.24*
3. BLAME PRONENESS	-.21*	-.22*	-.18
4. FRUSTRATION REACTIVITY	-.18	-.06	-.09
5. EMOTIONAL IRRESPONSIBILITY	-.06	-.11	-.12
6. ANXIOUS OVERCONCERN	-.15	-.16	-.05
7. PROBLEM AVOIDANCE	-.22*	-.23*	.02
8. DEPENDENCY	.03	.03	.16
9. HELPLESSNESS	-.34**	-.19	-.28**
10. PERFECTIONISM	.23*	-.16	-.03
IBT TOTAL	-.27**	-.33**	-.16

NOTE. MAS = LOCKE-WALLACE MARITAL ADJUSTMENT SCALE, THERAPY MODE = PREFERENCE FOR CONJOINT MARITAL THERAPY VERSUS INDIVIDUAL THERAPY, RELATIONSHIP GOAL = PREFERENCE FOR MAINTAINING VERSUS ENDING THE RELATIONSHIP. ALL TESTS OF SIGNIFICANCE WERE TWO-TAILED.

*$p < .05$

**$p < .01$